

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT CASE NUMBER	2:25CV748
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry State of Ohio, Mark Yarburo	TYPE OF PROCESS	
<b>SERVE</b>  <b>AT</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry, Jessica Terry ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Mark Yarburo			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<input type="text"/> <input type="text"/>		Number of parties to be served in this case	
<input type="text"/> <input type="text"/>		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Eddie Van Oliver III   Joshua Oliver	JURT CASE NUMBER
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry State of Ohio, Mark Yarbore	2:25C V 748
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry,Jessica Terry ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Mark Yarbore	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input type="text"/> <input type="text"/> <input type="text"/>	
Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold \_\_\_\_\_ Fold \_\_\_\_\_

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)		
Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

**U.S. Marshals Service (USMS)** Options & Language ▾  
USMS District 61-Southern Ohio

Your information was submitted successfully. Use the credentials below to login and add additional information at any time. Also, please login often to see if any questions or messages have been left for you. You can login through your browser on a PC, smart phone, or other mobile device.

**Login Instructions**

Website: [www.p3tips.com](http://www.p3tips.com)  
Tip ID: 777-W62398  
Password: F9B3L2

You may reach us by the following methods:  
iOS or Android Mobile App: P3 Tips  
Mobile or PC Browser: [www.p3tips.com](http://www.p3tips.com)

**Important:** Record the login information above somewhere safe. Thank you for contacting the U.S. Marshals Service Tip Line. The information you have provided will be reviewed and evaluated according to the U.S. Marshals Service and Department of Justice guidelines, and appropriate action will be taken. Your time and effort in providing this information is appreciated. If you wish you can add any additional information at anytime. This tip line is exclusively dedicated to receiving information on USMS wanted fugitives, registered sex offenders not residing at correct address, or potential threats to the federal judiciary. If you are attempting to report a crime or public safety concern, please contact your local law enforcement authorities. If this is an emergency or urgent matter contact 911.

**U.S. Department of Justice  
United States Marshals Service**

## **PROCESS RECEIPT AND RETURN**

PLAINTIFF	Eddie Van Oliver III   Joshua Oliver	COURT/CASE NUMBER <b>2:25CV748</b>
DEFENDANT State of Ohio,	Deidra Webster, City of Columbus , Aron Terry Jessica Terry Mark Yarboro	TYPE OF PROCESS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry, Jessica Terry	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Mark Yarboro	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  _____  _____		Number of process to be served with this Form 285
		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

F-11

Signature of Attorney other Originator requesting service on behalf of:  PLAINTIFF  DEFENDANT TELEPHONE NUMBER DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
*(Sign only for USM 285 if more than one USM 285 is submitted)*

Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
_____	No. _____	No. _____	_____	_____

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (*if not shown above*)

A person of suitable age and discretion then residing in defendant's usual place of abode.

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Address (complete only if different than shown above)

Date	Time	<input type="checkbox"/> am
		<input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including <i>endeavors</i> )	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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**REMARKS:**

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		<b>Form USM- Rev. 12/15 Automated 01</b>

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT CASE NUMBER	2425CV748
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry State of Ohio, Mark Yarboro	TYPE OF PROCESS	

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry, Jessica Terry  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Mark Yarboro

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input type="checkbox"/>	
<input type="checkbox"/>	Number of parties to be served in this case
<input type="checkbox"/>	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PLAINTIFF	Eddie Van Oliver III	Joshua Oliver	COURT/CASE NUMBER <b>2:25CV7 48</b>
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry		TYPE OF PROCESS
State of Ohio			

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Deidra Webster, City of Columbus State of Ohio, Aron Terry , Jessica Terry, North Carolina, Mark  
Karbong  
ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
<input type="checkbox"/>	
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United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF	Eddie Van Oliver III Joshua Oliver	COURT/CASE NUMBER <b>2125CV748</b>
DEFENDANT	Deidra Webster, City of Columbus , Aron Terry Jessica Terry State of Ohio, Mark Yarboro	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deidra Webster, City of Columbus , State Of Ohio , State of North Carolina, Aron Terry, Jessica Terry ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Mark Yarboro	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

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	Signature of U.S. Marshal or Deputy	

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